		Montana Medica					
		Home and Commu Elderly and Physica					
			1, 2008	C1			
		Tuguse	1,2000				
Defin	itions:						
Description - Procedure code Montana description. Case management teams will indicate which procedure code							
		to use in order to assure correct coding.			1		
	Modifier - A	ll Home and Community Based Services proc		e followed by a	UA modifier.		
		Other modifiers to follow after UA modifier	er:				
		TE = nurse supervision/oversight		90015 95100	T1005 T1010 T2012		
		TS = follow-up service (May be used with					
	T2001, S5120, S5125, S5135, S5150.) U9 = consumer is enrolled in the Big Sky Bonanza program.						
		09 – Consumer is enrolled in the big Sky	Bolializa program.				
	Effective _ 7	This is the first date of service for which the lis	ted fee is annlicable	<u> </u>			
	Lijective	ins is the first date of service for which the lis	ted fee is applicable	·			
	Method – So	ource of fee determination					
		ee Schedule: Medicaid fee for listed codes.					
		Rates listed are maximum paid. All rates n	nay be negotiated by	y case managen	nent teams who authorize service	ces.	
		Providers must bill Medicaid the negotiated					
Homemaker, Respite, Habilitation Aide and Personal Assistance rates are based on negotiations with the through the FY2008 Direct Care Worker Wage Initiative process. Providers must submit annual reports Department to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing letter for FY09. Providers understand that periodic audits will take place and a recovery will occur if the their rate.							
	PA - Prior A	Authorization					
		or authorization is required Prior authorization is not required					
	Space	r nor aumorization is not required					

Montana Medicaid - Fee Schedule Home and Community Based Services Elderly and Physically Disabled Waiver August 1, 2008

		Trugust 1,						
Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Inititive
S5100	UA	Adult Day Care	7/1/08	15 min	Fee Sched	\$2.04	Y	
T2031	UA	Adult Residential - Assisted Living	8/1/08	day	Fee Sched	\$65.05	Y	
T2031	UA	Adult Residential - Residential Hospice	6/1/04	day	Fee Sched	\$80.00	Y	
T2025	UA	Behavioral Programming	1/1/04	hour	Fee Sched	\$22.00	Y	
T2022	UA	Case Management (Based on \$8.87 per day)	7/1/08	month	Fee Sched	\$274.97		
T1016	UA	Case Management	7/1/08	15 min	Fee Sched	\$14.45		
H0005	UA	Chemical Dependency Counseling - Group	10/1/03	visit	Fee Sched	\$9.00	Y	
H0004	UA	Chemical Dependency Counseling - Individual	10/1/03	15 min	Fee Sched	\$11.25	Y	
T2025	UA	Cognitive Rehabilitation	1/1/04	hour	Fee Sched	\$100.00	Y	
T2025	UA	Community Residential Rehabilitation	7/1/08	day	Fee Sched	\$676.50	Y	
T2025	UA	Comprehensive Day Treatment	7/1/08	hour	Fee Sched	\$90.20	Y	
T2025	UA	Consumer/Family Intensive Support Service	12/1/06	hour	Fee Sched	\$70.00	Y	
T2020	UA	Day Habilitation	10/1/03	day	Fee Sched	\$74.20	Y	
S5165	UA	Environmental Accessibility Adaptations - Home Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T2039	UA	Environmental Accessibility Adaptations Vehicle Modification	10/1/03	service	Fee Sched	\$4,000.00	Y	
T1027	UA	Family Training & Counseling for Child Development	7/1/08	15 min	Fee Sched	\$7.86	Y	
T2013	UA	Habilitation Aide	7/1/08	hour	Fee Sched	\$16.93 - \$18.08	Y	Y
S5130	UA	Homemaker	7/1/08	15 min	Fee Sched	\$3.20 - \$4.08	Y	Y
S5131	UA	Homemaker Chores	10/1/03	diem	Fee Sched	\$250.00	Y	
S5170	UA	Nutrition (Meals)	7/1/08	meal	Fee Sched	\$5.26	Y	
S9452	UA	Nutrition Classes, Nutritionalist	10/1/03	session	Fee Sched	\$25.00	Y	
S9470	UA	Nutritional Counseling, Dietician	10/1/03	visit	Fee Sched	\$25.00	Y	
97003	UA	Occupational Therapy - Evaluation	1/1/04	visit	Fee Sched	\$54.38	Y	
97150	UA	Occupational Therapy - Group	1/1/04	visit	Fee Sched	\$12.77	Y	
97530	UA	Occupational Therapy - Individual	1/1/04	15 min	Fee Sched	\$19.75	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	7/1/08	15 min	Fee Sched	\$4.44 - \$4.95	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	7/1/08	15 min	Fee Sched	\$4.44 - \$4.95	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	7/1/08	15 min	Fee Sched	\$3.69 - \$4.17	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	7/1/08	15 min	Fee Sched	\$3.69 - \$4.17	Y	Y
T1020	UA	Personal Assistance Attendant - Per Diem	7/1/08	diem	Fee Sched	\$9.74	Y	
S5160	UA	Personal Emergency Response System - Installation and Testing	10/1/03	item	Fee Sched	\$100.00	Y	
S5162	UA	Personal Emergency Response System - Purchase	10/1/03	item	Fee Sched	\$800.00	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/03	month	Fee Sched	\$69.00	Y	
97001	UA	Physical Therapy - Evaluation	1/1/04	visit	Fee Sched	\$51.21	Y	1
97150	UA	Physical Therapy - Group	1/1/04	visit	Fee Sched	\$12.77	Y	
97530	UA	Physical Therapy - Individual	1/1/04	15 min	Fee Sched	\$19.75	Y	
T2015	UA	Prevocational Services	7/1/08	hour	Fee Sched	\$7.24	Y	

Home and Community Based Services
Elderly and Physically Disabled Waiver
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Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Inititive
T1003	UA	Private Duty Nursing - LPN	7/1/08	15 min	Fee Sched	\$6.87	Y	
T1002	UA	Private Duty Nursing - RN	7/1/08	15 min	Fee Sched	\$8.14	Y	
H2017	UA	Psychosocial Consultation	1/1/07	15 min	Fee Sched	\$12.92	Y	
T1001	UA	Registered Nurse Supervision	10/1/03	15 min	Fee Sched	\$11.25	Y	
T2016	UA	Residential Habilitation	7/1/08	diem	Fee Sched	\$84.05 - \$145.91	Y	
99503	UA	Respiratory Therapy	1/1/04	visit	Fee Sched	\$25.00	Y	
G0238	UA	Respiratory Therapeutic Procedures	8/1/08	15 min	Fee Sched	\$8.14	Y	
T1005	UA	Respite Care	7/1/08	15 min	Fee Sched	\$3.20 - \$4.08	Y	Y
H0045	UA	Respite Care - Assisted Living	7/1/08	diem	Fee Sched	\$158.78	Y	
H0045	UA	Respite Care - Hospital	10/1/03	diem	Fee Sched	\$360.00	Y	
H0045	UA	Respite Care - Nursing Facility	7/1/08	diem	Fee Sched	Medicaid rate	Y	
T2027	UA	Special Child Care for Children	7/1/08	15 min	Fee Sched	\$5.22	Y	
T2029	UA	Specialized Medical Equipment	10/1/03	item	Fee Sched	\$2,000.00	Y	
T2028	UA	Specialized Medical Supplies	10/1/03	item	Fee Sched	\$2,000.00	Y	
S5125	UA	Specially Trained Attendants	7/1/08	15 min	Fee Sched	\$5.22	Y	
92506	UA	Speech Therapy - Evaluation	1/1/04	visit	Fee Sched	\$63.81	Y	
92508	UA	Speech Therapy - Group	1/1/04	visit	Fee Sched	\$42.76	Y	
92507	UA	Speech Therapy - Individual	1/1/04	visit	Fee Sched	\$52.61	Y	
T2019	UA	Supported Employment	7/1/05	15 min	Fee Sched	\$10.75	Y	
T2033	UA	Supported Living	7/1/08	diem	Fee Sched	\$213.20	Y	
S0215	UA	Transportation - Miles	7/1/08	mile	Fee Sched	\$0.25	Y	
T2003	UA	Transportation - Trip	10/1/03	trip	Fee Sched	\$12.16	Y	

Services listed below are billed only by Financial Managers and Independent Advisors approved by the Senior & Long Term Care Division and for consumers who are enrolled in the Big Sky Bonanza pilot program.

Proc	Mod	Description	Effective	Unit	Method	Fee	PA	
S5120	UA U9	Chore	7/1/08	15 min	Fee Sched	\$5.22		
S5121	UA U9	Chore services	7/1/06	diem	Fee Sched	\$250.00		
T2024	UA U9	Financial Manager	7/1/08	month	Fee Sched	\$135.00		
S9986	UA U9	Goods and Services (other than supplies)	7/1/06	service	Fee Sched	\$500.00		
T5999	UA U9	Goods and Services (supplies)	7/1/06	item	Fee Sched	\$500.00		
T2024	UA U9	Independence Advisor	7/1/08	month	Fee Sched	\$160.00		
S5125	UA U9	Personal Assistance Service	7/1/08	15 min	Fee Sched	\$5.22		
T1000	UA U9	Private Duty Nursing	7/1/08	15 min	Fee Sched	\$8.14		
S5115	UA U9	Registered Nurse Supervision	1/1/08	15 min	Fee Sched	\$11.25		
S5150	UA U9	Respite Care	7/1/08	15 min	Fee Sched	\$5.22		
S5135	UA U9	Socialization/Supervision	7/1/08	15 min	Fee Sched	\$5.22		
T2001	UA U9	Transportation - Miles	10/1/07	mile	Fee Sched	\$0.51		